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COUNTY BOROUGH OF NEWPORT

EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1958

A. T. W. James, Printer, York Place, Newport.

COUNTY BOROUGH OF NEWPORT EDUCATION COMMITTEE

WITH THE COMPLIMENTS

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

SCHOOL HEALTH SERVICE
26 CLYTHA PARK ROAD
NEWPORT, Mon.

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Principal School Medical Officer :
W. B. Clark, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer :
John Sleigh, M.B., Ch.B., D.P.H.

Senior School Medical Officer :
Irene T. J. Ruxton, M.B., Ch.B., D.P.H. (retired 30.9.58)

School Medical Officers :
Gwyneth M. Daniel, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Richard Roderick, M.R.C.S., L.R.C.P.
R. M. Brown, M.B., Ch.B., D.P.H.
Denise Y. Jacobs, B.Sc., M.B., B.Ch.
Mary Parry Jones, M.R.C.S., L.R.C.P., D.P.H.
Beryl M. L. Callaghan, M.B., B.S., M.R.C.S., L.R.C.P. (appointed 18.12.58)

Principal School Dental Officer :
W. G. Clarkson, L.D.S.

School Dental Officers :
Mary K. E. Owen Williams, L.D.S.
R. G. Watkeys, L.D.S. (part-time)
T. C. Hughes, L.D.S., (part-time)
G. A. O. White, L.D.S. (part-time) (appointed 11.11.58)

School Nurses :
Ceinwen Parker, S.R.N., S.C.M., H.V.
Teresa M. Inns, S.R.N., S.C.M., H.V.
Bathsheba Hoare, S.R.N., S.C.M., H.V.
Sylvia I. Herritts, S.R.N., S.C.M., H.V.
Alice Jones, S.R.N., S.C.M., H.V.
Eleanor E. Neve, S.R.N., S.C.M., H.V.
Glenys M. Cayzer, S.R.N., S.C.M., H.V.
Christine M. Mountain, S.R.N., S.C.M., H.V.
Elizabeth G. P. Williams, S.R.N., S.C.M., H.V.
Catherine Rees, S.R.N., S.C.M., H.V.
Cecilia M. Curtis, S.R.N., S.C.M., H.V.
Sylvia M. Markland, S.R.N., S.C.M., H.V.
Joyce M. Brock, S.R.N., S.C.M., H.V.
Hilda A. Ford, S.R.N., S.C.M., H.V. (appointed 1.1.58)
Iris C. Lewis, S.R.N., S.C.M., H.V. (appointed 27.6.58)
Florence E. Rossiter, S.R.N., S.C.M., H.V. (appointed 27.6.58)
Grace Douglas, S.R.N., S.C.M., H.V. (appointed 6.8.58)
Rena Davies, S.R.N., S.C.M., H.V. (appointed 21.8.58)
Doreen E. Swain, S.R.N., S.C.M., H.V. (appointed 20.10.58)
Cecile M. Boucher, S.R.N., S.C.M.
Norah Sheahan, S.R.N., S.C.M., H.V.
Rosina Prosser, S.R.N.
Edna M. Bowman, S.R.N.
Hilda M. Young, S.R.N.

Speech Therapist :
Margaret E. Harris, L.C.S.T.

STAFF CHANGES

Dr. Irene T. J. Ruxton, Senior School Medical Officer, retired on 30th September. 1958 after 37 years service in the School Health Service. Dr. Ruxton

CLINICS

Minor Ailment Clinic	
Dental Clinic	
Speech Therapy Clinic	
Audiometric Clinic	
Ear, Nose and Throat Clinic :	1st and 3rd Tuesday mornings. 2nd, 4th and 5th Friday mornings.
Ophthalmic Clinic :	Monday, Thursday and Saturday mornings. 2nd and 4th Tuesday mornings. Monday afternoons.
Orthopaedic Clinic :	Monday and Friday mornings.
Orthoptic Clinic :	Monday to Thursday mornings. Monday to Friday afternoons.

ANNUAL REPORT

To the Chairman and Members of the Education Committee

Mr. Chairman, Lady and Gentlemen.

I beg to submit my Annual Report for the year 1958.

INTEGRATION OF THE SCHOOL HEALTH AND MATERNITY AND CHILD WELFARE SERVICES

Orthoptist :
Susan Lonnon, D.B.O.

CLERICAL STAFF

Chief Clerk :

Dr. Beryl M. L. Callaghan, Assistant Medical Officer of Health and School Medical Officer, was appointed on 18th December, 1958.

Mr. G. A. O. White, School Dental Officer (part-time), was appointed on 11th November, 1958.

Dr. Andrewina Laird, Senior Medical Officer for Maternity and Child Welfare, retired on 30th September, 1958.

ADIPOSITY AMONG SCHOOL CHILDREN

[redacted]

FOOT DEFECTS AMONG SCHOOL CHILDREN

From the age of entry into the secondary school there commences to appear an outward displacement of the big toe from the position in line with the inner border of the foot which is seen in nature. This is more common and more extreme as the children get older, and is more common and more extreme in girls than in boys. This condition leads to the formation of a bunion over the now more prominent joint between the toe and the foot, to arthritis in this joint which is no longer hinged in line with the direction of walking, and to hammer toes in the other toes which are cramped together by the displaced big toe. The cause is that only a small minority of manufacturers make shoes for adults with the straight inner border which would be necessary to conform with the shape of the normal foot. Hammer toes are also caused by the wearing of soft open-fronted shoes which can only be kept on the feet by buying them a size too short and by cramping up the toes to hold them, and by shoes not having a sufficiently generous curve to the outer border to allow room for the toes which are cramped together, and again there is only a small minority of manufacturers who make shoes with an adequate outer curve. The crippling deformities found in the feet of adults and even of older children are due to shoes whose shape does not conform to that of the normal foot.

SCHOOL DINNERS AT THE DAY SCHOOL FOR DELICATE CHILDREN

The two classes for delicate children, accommodated in premises adjoining the Gaer School, are administered with that school under the Head Mistress, Miss Olive Evans. The Ministry of Education state that they cannot, under their own regulations, recognise the classes as constituting a special school because of the small number of pupils. In consequence, meals and additional milk cannot be provided free of charge at the Authority's discretion as is the case at recognised day special schools e.g., at St. John's School. Meals have to be paid for at the rate appropriate to children at the normal primary and secondary schools. The delicate children are collected from all areas of Newport and they cannot thus go home to dinner. In any case, a school dinner is an essential part of the regime of a school for delicate children.

	Grammar		Secondary		Junior		Infant		Nursery		M.&C.W.		Other		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Myopia	10	10	31	29	37	36	1	1	1	—	4	2	2	2	86	80
Myopic Astigmatism .	26	19	47	59	39	33	2	3	—	—	4	—	4	3	122	117
Hypermetropia ..	3	1	6	16	25	43	6	6	1	1	9	13	1	2	51	82
Hypermetropic Astigmatism ..	7	9	53	84	124	132	19	24	3	4	14	31	11	11	231	295
Mixed Astigmatism .	1	4	13	20	25	18	—	4	—	—	—	2	1	2	40	50
Anisometropia ..	—	—	3	1	1	—	—	—	—	—	—	—	—	—	4	1
No refractive error or error not sufficient for correction ..	13	11	44	56	60	63	6	14	1	3	22	21	7	6	153	174
TOTAL	60	54	197	265	311	325	34	52	6	8	53	69	26	26	687	799

Myopia was responsible for 11.2% of the total, myopic astigmatism for 16.1%, hypermetropia for 8.9%, hypermetropic astigmatism for 35.4%. mixed astigmatism for 6.1%, anisometropia for 0.3%. and no refractive error or error not sufficient for correction for 22.0%.

Of the 166 cases of myopia, 161 had a total error of less than 2 dioptres and 5 had a total error of 2 to 5 dioptres.

Of the 239 cases of myopic astigamtism. 198 had a total error of less than 2 dioptres and 41 had a total error of 2 to 5 dioptres.

Of the 133 cases of hypermetropia. 124 had a total error of less than 2 dioptres and 9 had a total error of 2 to 5 dioptres.

Of the 526 cases of hypermetropic astigmatism, 445 had a total error of less than 2 dioptres and 81 had a total error of 2 to 5 dioptres.

Of the 90 cases of mixed astigmatism, 89 had a total error of less than 2 dioptres and 1 had a total error of 2 to 5 dioptres.

Of the 5 cases of anisometropia, 4 had a total error of less than 2 dioptres and 1 had a total error of 2 to 5 dioptres.

As far as possible all myopic children are examined every year and special attention is paid to those children whose condition shows a definite tendency to increase. Cases with a total error of over 10 dioptres and progressing are advised about special training.

The following abnormal conditions were reported:—

Epicanthus	20	Congenital retinoplasty ...	1
Leucoma	6	Corneal nebula	1
Ptosis	4	Iritis	1
Congenital nystagmus ...	3	Long nystagmus ...	1
Amblyopia	2	Nystagmus and retrolental fibroplasia	1
Blepharitis	1	Optic atrophy	1
Blepharospasm	1	Paralysis of external rectus	1
Congenital cataract and nystagmus	1		
		Total ...	45

Fourteen sessions were given to operative treatment at St. Woolos Hospital during the year and 45 operations were carried out.

EAR, NOSE AND THROAT REPORT

REMOVAL OF TONSILS AND ADENOIDS

63 sessions were given to operative treatment at St. Woolos Hospital during the year by Mr. D. B. Sutton, Ear, Nose and Throat Surgeon, and 363 operations were carried out. The children came from the following sources:—

Grammar		Secondary		Junior		Infant		Nursery		M.&C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
2	1	7	9	91	89	89	62	4	4	1	1	2	1	196	167

In addition 31 operations were carried out otherwise than under arrangements made by the School Health Service.

At the end of the year there were 103 children on the waiting list for removal of tonsils and adenoids and 170 on the observation list.

AURAL CLINIC

This clinic is held for the purpose of treating chronic ear conditions and preventing deafness and 46 sessions were held during the year by Mr. D. B. Sutton and Mr. J. L. D. Williams, Ear, Nose and Throat Surgeons. The 401 children examined came from the following sources:—

Grammar		Secondary		Junior		Infant		Nursery		M.&C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
8	12	33	25	96	76	83	38	7	6	3	4	5	5	235	166

742 attendances were made at the Clinic by these children,

ORTHOPAEDIC REPORT

1,077 children were examined at the Orthopaedic Clinic. These children came from the following sources: —

Grammar		Secondary		Junior		Infant		Nursery		M. & C.W.		Other		TOTAL	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
27	43	89	129	142	121	68	28	20	7	175	213	10	5	531	546

2,872 attendances were made at the Clinic by these children.

During the year 15 children received operative treatment at the Prince of Wales Orthopaedic Hospital, Cardiff: 1 grammar school girl, 1 secondary school boy, 5 secondary school girls, 2 junior school boys, 1 junior school girl, 4 infant school boys, and 1 other school boy.

402 school children were given massage or fitted with appliances at the Orthopaedic Clinic, and 1,918 attendances were made at the Clinic for massage and exercises by school children.

442 attendances were made at the Clinic for massage and exercises by children under school age.

DENTAL REPORT BY THE PRINCIPAL SCHOOL DENTAL OFFICER

In submitting the Annual Dental Report for the year I am reminded that 1958 is the Golden Jubilee Year of the School Dental Service and the forty-fifth year of existence of the dental service in Newport.

This, 50 years of service, may surprise many people since so little publicity has been given to the occasion and particularly by the Ministry. Is this to be taken as an admission of neglect of the dental services for the priority classes ?

At this moment I am not going into the past of the School Dental Service in Newport, leaving this for the more appropriate time of five years hence when the service will be fifty years old.

It is to be hoped, however, that before then steps will have been taken at a national level to improve the School Dental Service so that it can fulfil its accepted job of being " the spearhead of attack upon dental disease in this country."

During recent years the number of whole-time school dental officers throughout the country has remained practically stationary, any additions to staff being part-time officers working one or more half-days a week. In addition the service is unable to attract young dentists to make school dentistry their career. Coupled with this is the urgency of increased dental disease and a lack of health education on a national scale.

Surely now it is time, after patiently waiting ten years on promises, for something constructive to be done. Failure to do so quickly will mean the inevitable closure of school dental clinics or alternatively the setting-up of an autonomous school dental service run by a governing body who are determined to satisfy its needs.

During the year 1958 some progress has been made on the figures for the previous year. More children were inspected in the schools and more treatment in all its forms was carried out at the Clinic.

At school inspections during the year the offer of dental treatment was confined mainly to children in need of conservative measures, and this was explained to parents in the form asking for their acceptance of treatment at the Clinic.

The response to this was very disappointing. So many parents are prepared to accept when treatment offered is for the extraction of teeth, but refuse the offer of fillings. Parents do not seem to realise or care that the early loss of permanent teeth is disastrous to a growing child having adverse effects on the general development and facial features.

STAFF

Despite changes the total staff at 31st December, 1958 was the same as the year previous. It consisted of two whole-time and three part-time officers, the equivalent of 2.4 whole-time dental officers with three dental attendants.

INSPECTIONS

The total number of children inspected during the year was 13,016, made up by 10,316 children inspected in the schools, and 2,700 children receiving a special examination at the School Clinic.

These figures make a total increase on the pevious year of 3,887, with 3,064 more children having a dental inspection in the schools.

Thirty-six schools were visited, an increase of ten schools on the previous year. The number inspected represents 60.6% of the school population; an improvement on last year's figure which was 42.6%.

The children receiving a special examination at the Clinic consisted of those referred by doctors and nurses, or the great majority of children brought by parents for the relief of toothache.

7,147 children were offered treatment at the Clinic but only 3,847 attended, making a rate of 53.8% of accepting treatment.

TREATMENT

A total of 944 half-days was devoted to the treatment at the Clinic when 9,356 attendances were made by 3,847 school children. These figures, compared with previous years, show how dental caries has increased.

For the year 1958 it took 2.4 visits per child for treatment to be completed; in 1957—2.03 visits, whereas the normal, over many years, was 1.5 visits per child.

The total number of teeth extracted was 7,487 consisting of 2,099 permanent and 5,388 temporary teeth, an increase over the previous year of 868 extractions, mainly temporary teeth.

For the extraction of teeth 3,720 general anaesthetics were administered, an increase of 530 on the year 1957. 200 half-days were devoted for this purpose by the School Medical Officers. This represents an average of 18.6 children per session, an increase on the previous year's figure which was 16.5 children per session.

The total number of fillings was 5,474, with 140 of them in temporary teeth. This shows a welcome increase of 1,554 fillings over the previous year.

Treatment, for the permanent dentition, expressed in terms of 100 children treated, is 138 fillings and 54 teeth extracted.

ORTHODONTIC TREATMENT AND ARTIFICIAL DENTURES

As formerly all patients in need of appliances for the regulation of teeth were referred to Mr. J. P. Cousins, a Cardiff Orthodontic Specialist. During the year 43 such children were referred.

The replacement of front teeth lost by accident or decay was continued with the workshop mechanics being done by a local firm of dental artificers. During the year 32 dentures were inserted, a welcome decrease of 16 dentures compared with the previous year.

MATERNITY AND CHILD WELFARE

As in former years the Maternity and Child Welfare patients were examined and treated by school dental officers. During the year 289 mothers and 230 pre-school children were found to be in need of dental treatment, but figures for this service do not belong to this report.

CONCLUSION

Grateful thanks are again extended to all members of the teaching and medical staffs for their help and co-operation during the year. The service of the nurses in helping out the dental department during gas sessions, when there was a shortage of dental attendants, is particularly appreciated.

W. G. CLARKSON,
Principal School Dental Officer.

SPEECH THERAPY

176 children were attending at the beginning of the year.

During the year 28 children were discharged, 22 who had attained normal speech, one who had left school, 2 who did not attend, one who had left the district, one whose parents did not wish any further treatment and one who was placed under the care of the Educational Psychologist.

103 children were referred for treatment during the year. 83 of these were interviewed during the year. 35 commenced attending weekly, 39 were put on observation and 9 were put on the waiting list, leaving 20 who were still waiting for a first interview at the end of the year.

The 222 children attending at the end of the year can be classified according to defects as follows:—

General dyslalia	65
Multiple dyslalia	60
Simple dyslalia	4
General dyslalia and interdental sigmatism ...	4
Multiple dyslalia and interdental sigmatism ...	4
Simple dyslalia and interdental sigmatism ...	2
Multiple dyslalia and nasal sigmatism ...	1
Lateral sigmatism	14
Interdental sigmatism	10
Stammer	42
Stammer and multiple dyslalia	2
Stammer and interdental sigmatism	1
Cleft palate	3
Retarded speech	8
Deafness	2
	222

Of the two deaf children one was for lip reading as he was regarded as having possible progressive deafness and the other was slightly deaf and needed both lip reading and treatment for defective speech sounds.

One session a week was undertaken at St. John's School for educationally subnormal children where an average of 7 children were treated at a session.

AUDIOMETRIC REPORT

During 1958, 2,888 children were given a hearing test in school by the Audiometrician. As a result of this test 118 children were examined by a School Medical Officer and the following action was then taken.

Ten children were recommended to be seen by the Ear, Nose and Throat Surgeon.

Twenty-seven were recommended for removal of wax.

Eighteen were recommended for further test.

Every child at St. John's Day Special School for educationally subnormal children was given a hearing test in school in 1958. Each child was tested individually, first by the gramophone audiometer and then where a loss of hearing was shown a test by the pure-tone audiometer was carried out. Following these tests six children were examined by a School Medical Officer and three were recommended for further treatment.

All new cases attending for speech therapy this year were given a test by the pure-tone audiometer, and as a result three children were found to have hearing defects.

Many of the children attending the Ear, Nose and Throat Clinic are given a hearing test immediately before they see the Surgeon. When discharged from the Ear, Nose and Throat Clinic most of these children are given a hearing test three or six months later.

Audiometry of pre-school children has also been carried out in 1958. Most of these children were too young to co-operate in the use of the pure-tone audiometer, although on occasion a successful test was carried out. Tests developed by Professor Ewing were used with these children.

The total number of special cases given a hearing test at the School Clinic in 1958 was 1,142.

ORTHOPTIC REPORT

At the beginning of the year 409 children were attending for orthoptic treatment or were under observations. During the year 76 children were discharged as follows: —

Nothing abnormal detected	19
Treatment unnecessary	4
Functionally cured	17
Functionally satisfactory	4
Cosmetically satisfactory	23
Left the town	4
Failed to attend	1
Cases of heterophoria—symptom free	4
Total ...	76

87 children commenced attending during the year and the position at the end of the year was as follows:—

Children receiving or having received regular treatment	110
Children under observation	252
Children who have had an operation still attending Clinic	42
Children on operation waiting list attending Clinic	16
Total ...	420

2,328 attendances were made by these 496 children during the year.

LIP READING TUITION

Tuition in lip reading was instituted during the year. Tuition is at present being given to two men and a woman in a group and also to a young woman and a boy who are given tuition individually.

The young woman who is deaf and possibly slightly spastic as well has never had any tuition of any kind. Speech training would be useless at this stage and the aim is to teach her to read simple words and phrases and perhaps to lip read these words as well although she shows little aptitude for lip reading at present.

ADULT SPEECH THERAPY

The number of patients attending for speech therapy at the commencement of the class was eight. They can be classified as follows:—

One dysphonia of the functional type.

One predominantly expressive dysphasia with associated dyslexia and dysgraphia.

One interdental sigmatism.

One dyslalia with accompanying alexia and agraphia of which the cause could not be ascertained. Hearing proved to be normal.

Four stammer.

One patient, a stammerer, left during the year as he was no longer able to attend on the evening the session was held.

One patient was added during the year, a nominal dysphasia with associated alexia and agraphia.

There were eight patients attending at the end of the year. All had made some progress during the year.

B.C.G. VACCINATION

B.C.G. vaccination was offered during the Autumn term to all children reaching their fourteenth birthday during the school year and it is interesting to compare the figures with those for previous years.

	B.C.G.	%	TB +	%	Total
Summer term 1955:					
Grammar school children reaching 14th birthday	188	72.9	70	27.1	258
Autumn term 1955:					
All children reaching 14th birthday ...	675	79.1	178	20.9	853
Autumn term 1956:					
All children reaching 14th birthday ...	745	81.4	170	18.6	915
Autumn term 1957:					
All children reaching 14th birthday ...	911	86.2	146	13.8	1,057
Autumn term 1958:					
All children reaching 14th birthday ...	814	90.5	85	9.5	899
Total ...	3,333	83.7	649	16.3	3,982

This programme was not fully implemented until the Autumn term 1955. The group done during the Summer term 1955 was a pilot programme to ensure the smooth performance of the full programme for children reaching the age of 14 during the school year 1955-56.

The rise from 853 to 1,057 in the numbers coming forward for tuberculin testing and B.C.G. vaccination during the first three years in which the full programme was carried out was not continued in 1958 when there was a fall to 899. It had been hoped that the numbers would continue to rise steadily year by year as the procedure was accepted by the parents and this setback is very disappointing. It is suggested that this is caused partly by parents confusing B.C.G. vaccination with poliomyelitis immunisation, and thinking that if the latter has been carried out there is no need for the former. and partly by parents having taken the trouble to sign the consent form for poliomyelitis immunisation not being prepared to take the trouble to sign the consent form for B.C.G. vaccination also. As tuberculosis killed twenty-one times as many people in England and Wales in 1957 as poliomyelitis (4,783 against 225) this is most unfortunate.

It will be seen that there has been a fall in the percentage of children found to be tuberculin positive from 20.9% to 9.5% during the four years in which the full programme has been carried out, indicating a fall in the sources of tuberculosis infection. If the result of the pilot programme is included the fall has been from 27.1% to 9.5% but this result is not strictly comparable partly because the numbers were much smaller, and more important because the children were eight months older and had been exposed to infection that much longer.

It is as well that B.C.G. vaccination has at last been accepted in this country, as without it the removal of sources of tuberculosis infection, which in most cases produce immunity rather than disease in those exposed to the infection, would have produced a population increasingly susceptible to the disease. In particular the compulsion to have milk tuberculin tested or pasteurised removed the opportunity to have what in most cases was a symptomless but immunising infection.

TUBERCULIN TESTING

Tuberculin testing was offered during the year to all children reaching their tenth and sixth birthdays during the school year. and it is interesting to compare the figures with those for the two previous years.

	TB –	%	TB +	%	Total
1956: Children reaching 10th birthday ...	1,073	88.8	135	11.2	1,208
1957: Children reaching 10th birthday ...	1,285	90.5	135	9.5	1,420
1958: Children reaching 10th birthday ...	1,257	94.4	74	5.6	1,331
Total ...	3,615	91.3	344	8.7	3,959
1956: Children reaching 6th birthday ...	781	96.4	29	3.6	810
1957: Children reaching 6th birthday ...	910	96.6	32	3.4	942
1958: Children reaching 6th birthday ...	788	91.7	71	8.3	859
Total ...	2,479	94.9	132	5.1	2,611

This programme was commenced in 1956.

The rise from 1,073 to 1,285 in the numbers of ten year olds and from 781 to 910 in the number of six year olds coming forward for tuberculin testing during the first two years in which the programme was carried out was not continued in 1958 when there were falls to 1,257 and 788. The comments on the fall in the number of fourteen year olds coming forward for tuberculin testing and B.C.G. vaccination in 1958 which were made in the last section of the report are equally applicable in this instance.

It will be seen that there has been a fall in the percentage of ten year olds found to be tuberculin positive from 11.2% to 5.6% during the three years in which the programme has been carried out indicating a fall in the sources of tuberculous infection. The apparent rise in the percentage of six year olds found to be tuberculin positive in 1958 is thought to be due to reading of negative reactions as first degree positive reactions by staff carrying this out for the first time. Further instruction in the reading of tuberculin test reactions has been given to the staff concerned.

The tuberculin positive children were given a chest X-ray. No cases of tuberculosis were found in either age group. Tuberculin testing is a much cheaper and more efficient way of finding cases of tuberculosis than mass X-ray, as it it makes it unnecessary to X-ray any but the tuberculin positive cases.

DIPHTHERIA IMMUNISATION

666 school children were given reinforcing immunisation against diphtheria during the year and 248 primary immunisation.

POLIOMYELITIS IMMUNISATION

9,882 children under 15, mainly school children. were given a course of two injections of poliomyelitis vaccine during the year.

INFECTIOUS DISEASES

102 school children were notified by doctors as suffering from whooping cough during the year and 77 by Education Welfare Officers making a total of 179. Whooping cough is the main cause of bronchiectasis (lung abscess) and one of the causes of bronchitis. It is preventable by immunisation and now that immunisation against whooping cough is given to babies along with immunisation against diphtheria it is hoped that the number of notifications will fall.

454 school children were notified by doctors as suffering from measles during the year and 131 by Education Welfare Officers making a total of 585.

Almost every child gets measles, usually before he goes to school, and as it is not a serious condition it is hard to see why it is notifiable. In contrast rheumatic fever, which is the cause of rheumatic heart disease, is not notifiable although 8.391 people died of rheumatic heart disease in England and Wales in 1957.

405 school children were notified by Education Welfare Officers as suffering from german measles during the year. German measles is a cause of blindness and deafness in children born to mothers who contracted the infection in early pregnancy and it is satisfactory to be able to report that this tragedy is not likely to happen to the children of the 221 girls included in the total.

360 school children were notified by Education Welfare Officers as suffering from mumps during the year.

216 school children were notified by Education Welfare Officers as suffering from chicken-pox during the year.

HANDICAPPED CHILDREN

The report on handicapped children made under separate headings according to the handicap may give an impression that all handicapped children are educated in special schools. This is far from the truth because it is only when a child is so seriously handicapped that he cannot properly benefit from education in an ordinary school or when his handicap together with his home background is such that he cannot properly benefit from education in an ordinary school that he is recommended for special schooling.

Day special schooling is at present provided in Newport for delicate children between the ages of seven and eleven years and for educationally subnormal children. All other groups of handicapped children who require special schooling have to be admitted to residential schools.

A number of children whose handicap is not too severe can be educated in the normal school. Thus remedial teaching in an ordinary school often suffices for a child who is retarded in reading. With proper medical treatment, many handicapped children such as the physically handicapped or epileptic can be taught effectively in ordinary schools.

The importance of placing handicapped children in suitable employment when they leave school cannot be stressed too much. All such children and their parents are interviewed by a Medical Officer and the Youth Employment Officer during their penultimate term at school.

Blind and Partially Sighted

Five children—three boys and two girls attend the Glamorgan School for the Blind at Bridgend.

One pre-school child, who had been admitted to the Sunshine Home for Blind Babies at Southerndown on a trial period, was discharged in August, 1958 because she did not make sufficient progress.

Deaf and Partially Deaf

The necessity for detecting defective hearing as early as possible is becoming more and more recognised as also is the fact that deaf children should be given, as early as possible, the opportunity to be taught to use to the best advantage what hearing they have.

For this purpose the health visitors refer any children from the age of six months, whom they suspect to be deaf, to the School Clinic for examination by a Medical Officer, the Speech Therapist and the Audiometrician. Any cases of deafness are then referred to a Consultant Ear, Nose and Throat Surgeon for advice as to treatment. Hearing aids are provided by the National Health Service as early as possible.

It is essential that when hearing aids are provided guidance and instruction in their proper use and care as necessary is given. This training is now carried out at a class for deaf and partially deaf children held each Tuesday evening where lip reading tuition helps the children to associate the lip movements with any sounds they hear and so helps them to speak.

Thirteen children are at present attending residential schools for the deaf and partially deaf. Of these one pupil attending Llandrindod Wells School for the Deaf was successful, during this year. in passing the entrance examination to the Mary Hare Grammar School for the Deaf, Newbury.

Two partially deaf boys are doing well in a class for the partially deaf at Little Abbey School, Newbury. This class is attached to a Boarding School for boys who are not handicapped and the deaf boys mix freely with the other pupils. It is considered that this has many advantages and the boys are making good progress.

There is no provision for day special education for deaf children at present.

CHILDREN WITH SPEECH DEFECTS

All cases are examined by a Medical Officer before reference to the Speech Therapist to ascertain whether there is any physical cause for the defect such as defective hearing.

Many are referred to the Educational Psychologist for a report on their mental ability or on their emotional state.

One boy who had been attending Moor House Residential Special School, Oxted, Surrey, was discharged in July, 1958.

DELICATE CHILDREN

The two class unit attached to the Gaer Junior School has continued to provide for delicate junior school children (aged 7 to 11 years) as Day Pupils during 1958.

During the year 1958 27 children were admitted and nine were discharged to ordinary schools.

Many of the children attending. although of normal ability. are retarded educationally because of illness and absence from school. The purpose of the school is, not only to improve them physically but to help them to make up for the education they have lost and thus enable most of them to return to an ordinary school.

Fifteen children were admitted to Mounton House Residential School for Delicate Children, Chepstow and twenty-two were discharged.

Two diabetic children who are now included in the group of delicate children attend residential schools—one girl at St. Monica's. Kingsdown. Kent and one boy at Shaftesbury House. Rustington. Sussex.

PHYSICALLY HANDICAPPED CHILDREN

At present there are four children in residential schools for handicapped children. Three of these are in Bradstock Locke School at Southport, it not having been possible to place them in schools nearer home.

The opening of a school by the Glamorgan Education Authority at Penarth has enabled us to arrange the transfer of two cases of severely handicapped children from Southport to this school at the commencement of 1959.

Acknowledgment is given for the assistance that Professor A. Watkins has given us by seeing several of our physically handicapped pupils at his Clinic for the diagnosis and assessment of cerebral palsy cases at the Cardiff Royal Infirmary.

EDUCATIONALLY SUBNORMAL

Provision is made for the education of these children at St. John's Day School which has accommodation for 160 children of both sexes between the ages of 7 and 16 years. At present there are 130 children from Newport County Borough and by arrangement with the Monmouthshire Education Authority 12 children from Monmouthshire attend the school. The number in attendance has remained fairly constant for the last four or five years. It therefore appears that ample provision has been made for the education as day pupils of this class of handicapped pupil.

It continues to be the policy of the Authority to admit border-line cases to the school for trial periods, so that they are under the observation of the Head-teacher, Educational Psychologist and Medical Officer. During 1958 three such pupils proved to be ineducable and were notified to the Mental Health Authority under Section 57 (3) of the Education Act 1944. Two pupils improved sufficiently to return to ordinary schools.

During their final year all children attending the school are given physical and mental examinations: (1) To determine whether they require supervision by the Mental Health Authority after leaving school. During 1958 19 pupils were found to require such supervision; (2) To advise on future employment. For this purpose a conference is held each term. At this conference the child and parents are asked to discuss the child's future with a team composed of the Head-teacher, Youth Employment Officer, Educational Psychologist and Medical Officer. The importance of fitting these children into suitable employment cannot be exaggerated, as their future happiness and usefulness to the community depends so much upon stability in occupation. Our past experience has shown that many children who are very retarded and of very inferior intelligence but whose social adjustment has been helped during their attendance at the school have proved capable of doing useful work with sympathetic employers. Many business firms in the town have co-operated in finding jobs for these children. During 1958 21 children were interviewed in this way.

Children attending are now provided with free meals. As these children come from all over the town and are not able to return home for their mid-day meal this would appear a reasonable provision. It has certainly been of valuable assistance in influencing parents to allow their children to attend the school voluntarily.

RESIDENTIAL PROVISION

During 1958 eight pupils were in attendance at residential schools as follows:

Hilston Park School, Monmouth: Five boys.

In other residential schools: Two boys and one girl.

While provision is made in conjunction with Monmouthshire County Council at Hilston Park School for boys no equivalent provision is made for girls.

MALADJUSTED

Ten children are attending residential schools for maladjusted children.
The Mount School, Chepstow, seven boys.
Sutcliffe School, Winsley, near Bradford-on-Avon, three boys.
It should be noted that there are no girls in residential schools.

These boys are seen regularly by the Staff of the Child Guidance Clinic and The Mount School, Chepstow is visited by the Consultant Psychiatrist.

EPILEPTICS

Four children, three boys and one girl, are attending Lingfield Residential School for Epileptic Children, Lingfield, Surrey.

Many children who suffer from fits infrequently and in whom the fits are not severe are able to attend ordinary schools with the co-operation of their teachers and parents. Thanks are proferred to the Head-teachers who have persevered in giving these children a trial in their schools.

Dr. Brand, the Consultant Paediatrician at the Royal Gwent Hospital has been of great assistance in advising appropriate treatment for these children and has arranged in certain cases to admit children to hospital so that their treatment could be stabilised.

The following table gives details of handicapped pupils requiring education at special schools:—

	Blind	Partially sighted	Deaf	Partially deaf	Delicate	Physically handicapped	Educationally subnormal	Maladjusted	Epileptic	Total
A. Newly placed in special schools during 1958	1	—	—	—	38 (i)	2	19 (iii)	3	1	64
B. Newly assessed as needing special educational treatment in special schools during 1958	1	—	—	—	41 (ii)	2	29 (iv)	4	1	78
C. (*i*) On the register of special schools on 31st January, 1959 as										
(*a*) day pupils	—	—	—	—	42	—	130	—	—	172
(*b*) boarding pupils ...	—	4	6	2	8	5	8	10	4	47
(*ii*) On the register of independent schools on 31st January, 1959 under arrangements made by the Authority ...	—	—	—	5	—	—	—	—	—	5
(*iii*) Boarded in homes on 31st January, 1959 and not already included under C (*i*) or (*ii*)	—	—	—	—	2	—	—	—	—	2
Total C ...	—	4	6	7	52	5	138	10	4	226

	Blind	Partially sighted	Deaf	Partially deaf	Delicate	Physically handicapped	Educationally subnormal	Maladjusted	Epileptic	Total
D. Being educated on 31st January, 1959 under arrangements made under Section 56 of the Education Act, 1944										
(*i*) In hospitals	—	—	—	—	1	—	—	—	—	1
(*ii*) In other groups	—	—	—	—	—	—	—	—	—	—
(*iii*) At home	—	—	—	—	5	2	1	—	—	8
E. (*i*) Requiring places in special schools on 31st January, 1959										
(*a*) day	—	—	—	—	—	—	—	—	—	—
(*b*) boarding	—	—	—	—	—	—	2	—	—	2
(*ii*) Included in E (*i*) who had not reached the age of five										
(*a*) awaiting day places...	—	—	—	—	—	—	—	—	—	—
(*b*) awaiting boarding places	—	—	—	—	—	—	—	—	—	—
(*iii*) Included in E (*i*) who had reached the age of five but whose parents had refused consent to admission										
(a) awaiting day places...	—	—	—	—	—	—	—	—	—	—
(*b*) awaiting boarding places	—	—	—	—	—	—	—	—	—	—

F. Were on the registers of hospital special schools: 11.

G. During 1958 reported to the Local Health Authority:—

(*a*) Under Section 57 (3) of the Education Act 1944 [excluding any returned under (*b*)]: 5.

(*b*) Under Section 57 (3) of the Education Act 1944, relying on Section 57 (4): —.

(*c*) Under Section 57 (5) of the Education Act 1944: 14.

(i) Includes 22 at the Authority's Day Classes for Delicate Children.
(ii) Includes 23 at the Authority's Day Classes for Delicate Children.
(iii) Includes 16 at the Authority's St. John's Day Special School.
(iv) Includes 24 at the Authority's St. John's Day Special School.

ACCIDENTS TO SCHOOL CHILDREN

Details of accidents to school children were made available to the School Health Service in 1958 for the second time. The total number of accidents was 179 as compared with 227 for 1957, giving a rate of 10.1 accidents per 1,000 school children among the 17,808 school children in Newport. Of the school children involved in these accidents 85 were referred to hospital.

Type of injury	Grammar		Secondary		Junior		Infant		Nursery		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Fractures ...	4	4	7	5	3	1	—	1	—	—	14	11
Dislocations ...	2	—	2	1	3	—	—	—	—	—	7	1
Burns and scalds ...	—	—	—	—	—	1	1	—	—	—	1	1
Cuts and punctures ...	5	4	13	3	15	7	10	4	5	2	48	20
Strains and sprains ...	2	1	5	4	—	1	2	—	—	—	9	6
Bruises and abrasions ...	4	4	3	4	15	2	7	3	1	1	30	14
Crushed fingers	—	1	2	—	1	3	—	1	—	—	3	5
Dog bites ...	—	—	—	—	—	2	—	—	—	—	—	2
Others ...	—	1	1	2	—	2	—	1	—	—	1	6
Total ...	17	15	33	19	37	19	20	10	6	3	113	66

Once again as last year it will be noted that there are more injuries among boys than among girls in every age group of the school population, and that the accident rate among grammar school children and secondary school children, 15.2 per 1,000 and 10.7 per 1,000 is above the average, and the accident rate among junior and infant school children below the average, 7.9 per 1,000 and 8.5 per 1,000. Fractures are the most serious type of injury listed and it is satisfactory to be able to report that the number of fractures was 25 as compared with 40 in 1957.

Place of accident	Grammar		Secondary		Junior		Infant		Nursery		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Playgrounds ...	1	1	8	5	19	5	11	6	5	3	44	20
Classrooms and halls ...	3	3	8	3	6	12	7	3	—	—	24	21
P.T. and games in playgrounds	8	5	6	6	6	2	1	1	—	—	21	14
Playing fields ...	2	2	2	1	3	—	—	—	—	—	7	3
Woodwork and metalwork	1	—	6	—	—	—	—	—	—	—	7	—
Science laboratories	—	4	2	—	—	—	—	—	—	—	2	4
Steps and stairs ...	1	—	—	4	1	—	—	—	—	—	2	4
Swimming baths ...	1	—	1	—	2	—	—	—	—	—	4	—
Others ...	—	—	—	—	—	—	1	—	1	—	2	—
Total ...	17	15	33	19	37	19	20	10	6	3	113	66

Once again as last year it will be noted that the largest number of accidents occur in playgrounds where the children are under less close supervision than elsewhere, and that the number of accidents on playing fields is a good deal less than the number in classrooms and halls or in the course of P.T. and games in playgrounds. The number of accidents in woodwork and metalwork rooms, science laboratories and swimming baths is smaller still.

SMOKING AND LUNG CANCER

Arising from the receipt of Ministry of Education Administrative Memorandum No. 555 dated 27th June, 1957 a talk was given during the autumn term in all secondary schools to children reaching the age of 15 during the school year and this talk will be given yearly.

Graphs were shown to illustrate the changes in the number of deaths over the last ten years in England and Wales from lung cancer and from five other cancers and from five other causes and some of the figures on which these graphs were based are given hereunder.

	1947	1957	% Change
Cancer of lung	9,204	19,119	+ 107.7
„ „ bowel	17,277	14,815	− 14.3
„ „ stomach	14,016	13,995	− 0.2
„ „ breast	7,738	8,613	+ 11.3
„ „ womb	4,269	3,939	− 7.8
Leukaemia	1,452	2,394	+ 64.9
Rheumatic heart disease	10,793	8,391	− 22.3
Home accidents	5,427	6,032	+ 11.2
Road accidents	3,917	4,898	+ 25.0
Tuberculosis	23,076	4,784	− 79.3
Poliomyelitis	688	227	− 67.3

The enormous change in the importance of lung cancer as a cause of death both absolutely and in its relation to other causes is made clear from these figures and was shown even more clearly on the graphs.

Statistical evidence drawn from various surveys reported in the medical press was then presented to show the connection between smoking and lung cancer. It was shown that whereas in a group of 1,357 men with lung cancer, 340 (25.0%) smoked the equivalent of 25 or more cigarettes a day, and seven (0.5%) were non-smokers, in a control group of 1,357 men 182 (13.4%) smoked the equivalent of 25 or more cigarettes a day, and 61 (4.5%) were non-smokers.

It was shown that the death rate from lung cancer in a group of 40,000 British doctors rose from 0.07 per 1,000 among non-smokers to 2.76 per 1,000 among those who were smoking 25 or more cigarettes a day, or in other words to a rate 39 times as high.

It was shown that whereas the chances of dying of lung cancer before 55, 60 and 65 were approximately one in 1,000 one in 500 and one in 333 among non-smokers, they were one in 30 (33 times as high, one in 13 (38 times as high) and one in seven (48 times as high) among those who smoked 25 or more cigarettes a day, on the basis of deaths in 1957.

Similar statistical surveys on the connection between smoking and bronchitis, and on the connection between smoking and tuberculosis in middle aged men (where the theory is that smoking causes a healed primary tuberculosis to break down) were also quoted and it was suggested that smoking was probably responsible not only for the 19,119 deaths from lung cancer in 1957 but also for the excess of male over female deaths from bronchitis (18,962 − 7,973 = 10,989) and from tuberculosis (3,150 − 1,099 = 2,051) or for 32,159 deaths altogether.

It had been feared that there would be difficulty in retaining children's attention for the 35 minutes required to give the talk and that they might have difficulty in following a talk on a subject which was quite new to them, but these fears proved completely groundless. Attention was held on every occasion without difficulty and the many intelligent questions which followed each talk, taking between them as long as 25 minutes to answer, showed that the talk had been followed.

HEALTH EDUCATION

Four films have been purchased by the Public Health Department and the Education Department jointly with the object of shewing them to senior school children and to parents' associations, following the shewing with a period of questions to be answered by a medical officer of the authority, the hope being that the films will have encouraged the audience to think about health, rather than about disease, and that they will ask for information or advice either on subjects discussed in the films or on other subjects connected with health.

There are many films about disease, but few about health, and the choice for purchase was limited. The films bought were:—

" Your children walking." Some hints on the importance of healthy feet.

" Round figures." The importance for health of good posture.

" Old wives' tales." Exploding the fallacies: Ne'er cast a clout; A little dirt won't hurt you; Night air is dangerous.

"A modern guide to health." Correct posture, value of exercise and fresh air, importance of suitable clothes, how to avoid insomnia.

The response to this offer has been most disappointing. No doubt it causes inconvenience to the school to make arrangements for a talk to be given to children but it seems a great pity that this should not be accepted. The rules of health are so simple, and there is such abysmal ignorance of them. Attention given to a few simple precepts could result in a rich dividend of better health in adult life.

CHILDREN IN NURSERY SCHOOLS AND NURSERY CLASSES

There are five nursery schools and five nursery classes in Newport with total accommodation for 315 children. Medical examination of these children is the responsibility of the School Health Service.

473 children in nursery schools and nursery classes were given a routine medical examination during the year. 296 of these children were also re-examined making a total of 769 medical examinations during the year.

All the children examined were found to be in a satisfactory physical condition.

CHILDREN UNDER CARE OF CHILDREN'S DEPARTMENT

140 medical examinations of children under the care of the Children's Department were carried out during the year.

CHILDREN FOR EMPLOYMENT

201 children were medically examined under the provisions of the bye-laws regulating the employment of children during the year.

TEACHERS

123 prospective teachers under the Education Authority were medically examined for fitness during the year.

TRAINING COLLEGE ENTRANTS

31 entrants to training colleges were medically examined for fitness during the year.

EDUCATION DEPARTMENT EMPLOYEES

94 prospective employees of the Education Authority were medically examined for fitness during the year.

SCHOOL PSYCHOLOGICAL SERVICE

Number of Cases Examined for the Year 1958.

Referred by the Head Teachers of Schools		75
Referred by the Principal School Medical Officer ...		56
Referred by various Medical Practitioners		6
Referred by the Magistrates of the Juvenile Court ... (including Crick Remand Home interviews)		6
Referred by Probation Officers		4
Referred by Children's Department		3
Referred by Parents		2
Referred by other sources		6
Cases under review		4
Cases from the previous year		10
From Headteachers	6	
From Principal School Medical Officer	2	
From Medical Practitioners ...	2	
Total number of cases		174

During the year there has been some inconvience and delay because of the period between the departure of the former Educational Psychologist, Mr.T . Jones, and the arrival of his successor, Mr. J. E. Hazelton. The Social Worker, Mrs. A. Cook, arrived at the beginning of October, there being no Psychatric Social Worker for some nine months.

It has been found that the majority of cases referred by the Principal School Medical Officer required a detailed examination involving the full Clinical Team, consisting of the Consultant Psychiatrist, Educational Psychologist and Social Worker, and in many cases a considerable number of interviews were needed with the child, both with the Psychiatrist and with the Psychologist, and it was almost essential for the Social Worker to maintain constant contact with the parents over a considerable period. This confirms the Clinic Staff's belief that the maladjusted child is ill, nearly always, because of relationship difficulties in the home.

Very many children, who have been referred by the Head Teacher, have been found to be, basically, behaviour difficulty cases. Such cases have demanded, therefore, full clinical examination also.

Meetings with the School Health Service staff, the Children's Department staff, the Probation Officers, and Mental Health staff of the Public Health Department have been found to be very helpful as children are often referred to several departments concurrently. This liaison has developed to a weekly conference between the Psychologist and Dr. Roderick, at the School Clinic, on special cases, and a fortnightly meeting between the Children's Department staff, the Probation Officers and the Clinic staff. The staff at St. Cadoc's Mental Hospital have been most co-operative on many occasions, particularly where electro-encephalograph information was required.

Close contact has been maintain with the staff and pupils of St. John's School and a visit has been made to the Occupation Centre, with the aim of further association. Parents of children attending St. John's School are encouraged to make an initial visit and to maintain an active interest in the child's progress there.

A definite effort has been made for the Clinic staff to assist the Magistrates at the Juvenile Court, when relevant material is available, and co-operation has been developed between the Clinic staff and the Headmaster of Crick Remand Home. The Psychiatrist also acts as Psychiatrist to the Remand Home and personality assessments are made by the Psychologist at the Home, the material being forwarded to the Psychiatrist, together with, in certain cases, case history material from the Social Worker, prior to his final diagnosis.

J. EDWARD HAZELTON,

Education Psychologist.

PHYSICAL EDUCATION REPORT

In Junior School physical education there has been much improvement in the use made of climbing apparatus. Where schools have used this type of apparatus regularly for several years there has been a marked improvement in the posture, general strength and mobility, and confidence of the children. It is unfortunate that many children, having derived considerable benefit from climbing activities in Junior Schools, are, through poor facilities, unable to continue such valuable work on entering the older type of Secondary Schools.

In the secondary schools serious handicaps have been caused by the acute shortage of women physical education teachers. During the year five specialist teachers resigned and great difficulty has been experienced in filling the vacancies. This shortage and the consequent frequent changes of teachers at several schools has had a very adverse effect on girls' physical education.

Whilst physical education lessons contribute considerably to the development of good posture, the responsibility for preventing bad posture is not that of the teacher during physical education lessons only.

It is felt that more could be done by all teachers throughout the day to eliminate bad postural habits adopted by children particularly whilst reading and writing.

INDOOR PHYSICAL EDUCATION FACILITIES

There has been very little change in the conditions which have caused several junior schools to use assembly halls as temporary classrooms, thereby depriving them of indoor facilities for physical education. Of the 28 junior schools, six possess no indoor accommodation for physical education, and a further four schools use their halls as temporary classrooms.

The conversion of the former Maindee Canteen Dining Hall for use as a gymnasium to serve the Fairoak Secondary Schools will considerably improve the facilities of these schools. The proximity of the hall to the schools permits the children to receive nearly 50% more time for actual physical education lessons than in past years for the same time-table allocation. The hall is considerably more suitable for physical education than the one previously used being sited fifteen minutes walking distance from the school.

Following an inspection of physical education equipment by a specialist firm extensive repairs were carried out to equipment in both primary and secondary schools.

OUTDOOR PHYSICAL EDUCATION FACILITIES

During the winter months, poor drainage conditions and inadequate washing facilities have resulted in very limited use being made of the parks' pitches. This was particularly so in the case of junior schools.

The playing of games such as rugby, soccer and hockey during the winter months requires the provision of good changing and washing facilities.

SWIMMING

Throughout the year the limited facilities at Stow Hill Baths, during reconstruction, have seriously affected all aspects of schools' swimming. This becomes most apparent from an analysis of the results of the Primary Schools' Swimming Scheme and also the swimming and life saving awards gained by secondary school pupils.

THE PRIMARY SCHOOLS' SWIMMING SCHEME

The concentrated course method of swimming instruction was conducted for the fourth successive year. Whereas in the first three years of the scheme the results varied by little more than 3%, the results for 1958 deviated from the mean for the previous three years by up to 8%, in all cases the results showing a drop from those of the previous three years.

Such a drop in the results was due mainly to a reduction in time allocation caused by the limited facilities at Stow Hill Baths. So that all junior schools could be accommodated lessons had to be reduced from the normal 30 minutes to as little as 20 minutes.

A Summary of Results for 1958 and the Combined Results over the Period 1955-6-7-8

NON SWIMMERS ONLY

	Totals over years 1955-6-7		1958		Totals over 4 years 1955-6-7-8	
	No.	%	No.	%	No.	%
Total attended	3,002	100.0	1,408	100.0	4,410	100.0
Frequency of attendance						
15 Sessions	1,717)	57.2)	759)	53.9)	2,476)	56.1)
12-14 ,, ...	742)2,459	24.7)81.9	402)1,161	28.6)82.5	1,144)3,620	25.9)82.0
8-11 ,, ...	368	12.3	157	11.2	525	11.9
4-7 ,, ...	138)	4.6)	75)	5.3)	213)	4.9)
1-3 ,, ...	37)175	1.2)5.8	15)90	1.0)6.3	52)265	1.2)6.1
Achievement						
No recorded progress	186	6.2	143	10.1	329	7.4
Confidence	2,816	93.8	1,265	89.8	4,081	92.6
Glide 9 feet	2,481	82.7	1,098	77.9	3,579	81.2
Swim 25 feet	1,942	64.7	851	60.4	2,793	63.3
Swim 25 yards	1,012	33.7	450	31.9	1,462	33.1
Achievement (Non Swimmers attending 12+ sessions)						
Total	2,459	81.9	1,161	100.0	3,620	86.0
No recorded progress	2	0.008	38	3.3	40	1.1
Confidence	2,457	99.9	1,123	96.7	3,580	98.9
Glide 9 feet	2,288	93.0	980	84.4	3,268	90.2
Swim 25 feet	1,868	75.9	794	68.4	2,662	73.3
Swim 25 yards	1,023	41.6	432	37.2	1,455	40.2

Combined Results (Swimmers and Non-Swimmers)

Total attended						
Swimmers	1,149	27.7	418	22.8	1,567	26.2
Non Swimmers	3,002	72.3	1,408	77.2	4,410	73.8
Grand Total	4,151	100.0	1,826	100.0	5,977	100.0
Final Standard (ALL)						
Glide 9 feet	3,630	87.4	1,516	83.0	5,146	86.1
Swim 25 feet	3,091	74.5	1,269	69.4	4,360	72.9
Swim 25 yards	2,161	52.1	868	47.9	3,029	50.7

Tribute must be paid to the Transport Department for its co-operation and efficiency in operating a complicated and exacting schedule of journeys to and from the baths.

Swimming and Life Saving Awards

The following swimming certificates were gained:—

	1958		1957
Primary Schools ...	1,650	*Compared*	1,385
Secondary Schools ...	849	*with*	1,266
TOTAL ...	2,499		2,651

These figures do not include the 25 feet certificates awarded during the Primary Schools' Scheme.

Two hundred and sixty-six awards of the Royal Life Saving Society were gained by secondary school pupils.

In competition with all secondary schools in South Wales the following trophies for life saving were gained:—

Secondary Modern Schools (Girls) Trophy : Belle Vue Secondary School
Secondary Modern Schools (Boys) Trophy : Stow Hill Secondary School

These trophies were awarded to schools securing the highest number of Royal Life Saving Society award appoints during the year, 1958.

In examinations conducted by the Baths Department, 23 boys and 9 girls were successful in obtaining free admission passes to Newport Baths for the period of one year.

During the year one secondary school teacher (man) was granted secondment to attend a one year Supplementary Course in Physical Education. One secondary school teacher (woman) returned to the Authority from secondment to attend a one year Supplementary Course at the Art of Movement Studio.

In addition to courses run at individual schools, evening courses for teachers were arranged in recreative dance, swimming and games training.

The Activities of Schools' Sports Associations

Association Football

During the year 26 primary and 17 secondary schools were affiliated to the Newport and District Schools' Football Association.

With teams arranged in three sections, primary, under 13 years, and under 15 years, 47 teams took part in inter school and cup matches on Saturday mornings.

To date, in the 1958/9 season, 13 inter-town matches have been played with the senior team reaching the quarter finals of the Welsh Shield Competition.

Rugby Football

With rugby football restricted to secondary schools, 40 teams played regularly throughout the season. The Schools' Rugby Union organised matches in four age groups; under 15 years, under 14 years, under 13 years, and under 12 years.

Approximately 1,500 boys practised rugby football during weekly games periods.

The Senior Town XV won 14 of its 15 matches and was successful in winning the Dewar Shield thus becoming Schoolboy Rugby Champions of Wales.

16 boys were awarded Town Caps.
19 boys were awarded Town Badges.
3 boys were selected to represent Wales.

CRICKET

During the year, 21 primary and 14 secondary schools took part in the Schools' Cricket Association's programme of friendly matches on Saturday mornings. Inter-town matches were played with Cardiff secondary and primary schools teams.

ATHLETICS

Primary

At the sports meeting organised by the Primary Schools' Athletics Association over 1,000 children took part after qualifying at their own schools' sports meetings.

Secondary

At the annual athletics meeting organised by the Secondary Schools' Athletics Association, the number of entries was so large as to necessitate two evenings of preliminary events. The great number of standard Certificates gained indicates the significant improvement in performances over those of past years. Such improvement has made it necessary to review all " standard " performances.

The visits of many secondary schools to the athletic events of the Empire and Commonwealth Games at Cardiff did much to arouse enthusiasm for athletics in the schools.

SWIMMING

Teams representing Newport secondary schools took part in three major swimming meetings as shown below:—

Event	*No. of Newport Swimmers*	*Result*
Inter Cities Swimming Gala (At Cheltenham) 7 towns ...	50	3rd place.
Welsh School's Championships (At Cardiff) 8 towns ...	36	1st place.
E.S.S.A. (Division 5) trials (at Newport) 7 towns and Somerset	25	8 swimmers were selected to represent Division 5 at the E.S.S.A. Championships at Rochdale.

I wish to thank the many teachers who give so willingly their time and services in order to foster an interest in such a wide variety of recreative pursuits outside normal school hours.

R. H. DIAPER,
Organiser of Physical Education.

SCHOOL DINNERS AND SCHOOL MILK

770,452 dinners were eaten by children in Newport schools during the year as compared with 772,317 during the previous year.

At the beginning of the year dinners were served in 30 school canteens, 16 of which were self-contained and 14 of which had dinners delivered from other kitchens. During the Summer term four self-contained canteens were closed and in September one new kitchen and two new dining centres were opened so that, at the commencement of the Autumn term, there were 13 self-contained canteens which also despatched meals to 19 dining centres. Dinners were also served in five nursery schools and five nursery classes.

2,770,742 one-third pints of milk were drunk by children in Newport schools during the year as compared with 2,898,991 during the previous year.

ACKNOWLEDGMENTS

I should like to thank the members of the Education Committee, the Chief Education Officer and Deputy Education Officer, and the Head Teachers and other Teachers for their support.

I should like also to thank the staff, visiting staff, and clerical staff of the School Health Service for their loyalty.

Finally I should like to thank Dr. T. A. Brand, Consultant Paediatrician, Royal Gwent Hospital for the close contact which he maintains with the School Health Service, and Mr. A. J. P. Cousins, Orthodontic Specialist, Cardiff, for the careful advice which he gives to the School Dental Service.

I am Mr. Chairman, Lady and Gentlemen,

Your obedient servant,
W. B. CLARK,
Principal School Medical Officer.

School Health Service,
26 Clytha Park Road,
Newport,

April, 1959.

RETURN OF NUMBER OF CHILDREN ON ROLL IN JANUARY, 1959

Type of School	Number of Schools	Number on Roll		TOTAL
		Boys	Girls	
Primary—				
Junior	42	3,496	3,277	6,773
Infants		1,908	1,816	3,724
Secondary—				
Grammar ...	4	1,114	989	2,103
Technical and Modern	13	2,441	2,420	4,861
Special—				
Educationally Sub-normal	1	84	55	139
Other—				
Nursery ...	5	110	98	208
TOTAL ...	64	9,153	8,655	17,808

MEDICAL INSPECTION RETURNS

Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

A. Periodic Medical Inspections.

Note: Tables A. B. and C. relate only to the medical inspections prescribed in the case of maintained schools in Regulation 10 (1) (a) of the School Health Service and Handicapped Pupils Regulations, 1953, which requires:—

" a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable:

Provided that there may be fewer than three general medical inspections for any pupil who attends school maintained by the Authority for less than the period of his compulsory school age or, if the Minister approves, for all pupils".

Age Groups Inspected (By years of birth)	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	238	238	100	—	—
1953	143	143	100	—	—
1952	314	314	100	—	—
1951	49	49	100	—	—
1950	16	15	93.75	1	6.25
1949	10	10	100	—	—
1948	1,131	1,130	99.02	1	.98
1947	726	726	100	—	—
1946	49	49	100	—	—
1945	19	19	100	—	—
1944	625	625	100	—	—
1943 and earlier	1,456	1,456	100	—	—
TOTAL	4,776	4,774	99.96	2	.04

B. Pupils Found to Require Treatment at Period Medical Inspections

(excluding Dental Diseases and Infestation with Vermin)

Note: Table B. relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) (1)		For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	...	3	103	106
1953 ...	...	—	37	37
1952 ...	...	1	88	89
1951 ...	...	1	12	13
1950 ...	...	2	8	9
1949 ...	...	—	8	8
1948 ...	...	150	240	361
1947 ...	...	76	100	158
1946 ...	...	12	4	16
1945 ...	...	1	3	4
1944 ...	...	182	197	346
1943 and earlier	...	280	222	451
TOTAL ...	...	708	1,022	1,598

C. OTHER INSPECTIONS

Notes: A special inspection is one that is caried out at the special request of a parent, doctor, nurse, teacher, or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections	2,969
Number of re-inspections	5,704
TOTAL ...	8,673

D. INFESTATION WITH VERMIN

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	41,255
(*b*) Total number of individual pupils found to be infected ...	1,009
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	824
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

A. PERIODIC INSPECTIONS

Note: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)			Periodic Inspections: Entrants: Requiring Treatment (3)	Periodic Inspections: Entrants: Requiring Observation. (4)	Periodic Inspections: Leavers: Requiring Treatment. (5)	Periodic Inspections: Leavers: Requiring Observation. (6)	TOTAL age groups inspected including all other: Requiring Treatment (7)	TOTAL age groups inspected including all other: Requiring Observation. (8)
4.	Skin	6	2	32	16	13	23	51	41
5.	Eyes—								
	a. Vision ...	1	—	464	8	243	4	708	12
	b. Squint ...	13	—	35	—	74	3	122	3
	c. Other ...	2	—	7	6	12	7	21	13
6.	Ears—								
	a. Hearing ...	1	2	16	20	14	19	31	41
	b. Otitis Media	4	5	20	11	14	12	38	28
	c. Other ...	7	—	120	3	108	2	235	5
7.	Nose and Throat ...	33	41	23	51	104	112	160	204
8.	Speech	7	1	6	6	33	24	46	31
9.	Lymphatic Glands	2	2	—	—	—	13	2	15
10.	Heart	2	2	3	13	2	19	7	34
11.	Lungs	5	9	17	44	20	46	42	99
12.	Developmental—								
	a. Hernia ...	—	—	1	2	2	5	3	7
	b. Other ...	1	2	6	13	8	38	15	53
13.	Orthopaedic—								
	a. Posture ...	—	1	14	16	11	15	25	32
	b. Feet ...	8	2	78	11	102	14	188	27
	c. Other ...	7	2	44	28	35	27	86	57
14.	Nervous System—								
	a. Epilepsy ...	—	1	8	9	9	1	17	11
	b. Other ...	2	3	4	7	5	11	11	21
15.	Psychological—								
	a. Development	—	3	1	1	—	11	1	15
	b. Stability ...	—	2	1	6	4	12	5	20
16.	Abdomen ...	1	—	—	—	2	1	3	1
17.	Other	2	1	4	1	6	8	12	10

B. SPECIAL INSPECTIONS

Note: All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	516	21
5.	Eyes—		
	a. Vision	590	5
	b. Squint	212	6
	c. Other	272	8
6.	Ears—		
	a. Hearing	79	38
	b. Otitis Media	78	25
	c. Other	286	1
7.	Nose and Throat	524	383
8.	Speech	129	24
9.	Lymphatic Glands	26	3
10.	Heart	10	23
11.	Lungs	108	113
12.	Developmental—		
	a. Hernia	2	1
	b. Other	13	41
13.	Orthopaedic—		
	a. Posture	8	8
	b. Feet	346	49
	c. Other	101	40
14.	Nervous System—		
	a. Epilepsy	16	9
	b. Other	51	59
15.	Psychological—		
	a. Development	92	17
	b. Stability	43	10
16.	Abdomen	3	4
17.	Other	797	17

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Notes: This part of the return should be used to give the total number of:—

(*i*) cases treated or under treatment during the year by members of the Authority's own staff;

(*ii*) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(*iii*) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint	256
Errors or refraction (including squint) ...	1,408
TOTAL ...	1,664
Number of pupils for whom spectacles were prescribed	1,129

B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases known to have been dealt with
Received operative treatment :—	
(*a*) for diseases of the ear	3
(*b*) for adenoids and chronic tonsillitis	389
(*c*) for other nose and throat conditions	2
Received other forms of treatment ...	401
TOTAL ...	795

Total number of pupils in schools who are known to have been provided with hearing aids :—	
*(*a*) in 1958	2
(*b*) in previous years	15

*A pupil recorded under (*a*) above should not be recorded at (*b*) in respect of the supply of a hearing aid in a previous year.

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	453
(*b*) Pupils treated at school for postural defects	—
TOTAL ...	453

D. DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D. of Part I.)

	No. of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	5
Scabies	5
Impetigo	25
Other skins diseases	483
TOTAL ...	518

E. CHILD GUIDANCE TREATMENT

	No. of cases known to have been treated
Pupils treated at Child Guidance Clinics	174

F. SPEECH THERAPY

	No. of cases known to have been treated
Pupils treated by speech therapists ...	261

G. OTHER TREATMENT GIVEN

	No. of cases known to have been dealt with
(*a*) Pupils with minor ailments ...	442
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	814

1. Tuberculin skin testing ...	859 infants group 5-6. 1,331 Junior Group 9-10.
2. Diphtheria immunisation...	907 (includes 666 boosters)
3. Poliomyelitis	9,879 (This figure covers from 6 months to 15 years of age)

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(*a*) At Periodic inspections	10,316
(b) As specials	2,700
Total (1)	13,016
(2) Number found to require treatment	9,316
(3) Number offered treatment	7,147
(4) Number actually treated	3,847
(5) Number of attendances made by pupils for treatment, including those recorded at 11 below	9,356
(6) Half days devote to:	
(*a*) Periodic (school) inspection	45
(*b*) Treatment	944
Total (6)	989
(7) Fillings:—	
(*a*) Permenent Teeth	5,334
(*b*) Temporary Teeth	140
Total (7)	5,474
(8) Number of teeth filled:—	
(*a*) Permanent teeth	4,274
(*b*) Temporary teeth	136
Total (8)	4,406
(9) Extractions:—	
(*a*) Permanent teeth	2,099
(*b*) Temporary teeth	5,388
Total (9)	7,487
(10) Adminstration of general anaesthetics for extraction ...	3,720
(11) Orthodontics:— No orthodontics were carried out at the Dental Clinic but but 43 cases were referred to a private dentist at Cardiff by arrangement.	
(12) Number of pupils supplied with artificial teeth	32
(13) Other operations:—	
(*a*) Permanent teeth	147
(*b*) Temporary teeth	12
Total (13)	159

Heights and Weights of Children examined at Periodic Medical Inspections in 1958.

Boys.—Heights in inches, Weights in lbs.

Age	Nursery Schools			Primary Schools			Secondary Schools			Day Special School		
	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight
2	18	36.0	33.4	...	...	...	...	...	...	...	...	...
3	98	39.0	35.7	...	...	...	...	...	...	...	...	...
4	129	40.9	40.6	...	...	...	...	...	...	...	...	...
5	...	...	...	132	43.8	44.0	...	...	...	...	...	...
6	...	...	...	50	45.1	47.2	...	...	...	...	...	...
7	...	...	...	4	47.2	57.2	...	...	...	2	45.0	48.0
8	...	...	...	5	49.2	64.9	...	...	...	5	48.5	53.7
9	...	...	...	77	52.5	69.0	...	...	...	1	46.0	46.2
10	...	...	...	750	53.5	72.9	...	...	...	8	51.0	61.0
11	...	...	...	48	55.1	76.5	20	57.5	84.0	5	55.3	74.8
12	...	...	...	...	...	...	16	59.0	90.5	1	61.4	90.2
13	...	...	...	...	...	...	12	58.8	103.4	...	...	...
14	...	...	...	...	...	...	855	62.5	112.5	...	...	...
15	...	...	...	...	...	...	119	63.9	121.5	...	...	...
16	...	...	...	...	...	...	29	66.9	139.4	...	...	...
17	...	...	...	...	...	...	24	68.0	145.0	...	...	...
18	...	...	...	...	...	...	30	68.5	150.8	...	...	...
19	...	...	...	...	...	...	3	68.5	146.5	...	...	...

GIRLS.—Heights in inches, Weights in lbs.

Age	Nursery Schools			Primary Schools			Secondary Schools			Day Special School		
	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight
2	16	35.5	31.7	...	...	...	...	...	...	...	...	...
3	103	37.8	34.7	...	...	...	...	...	...	...	...	...
4	109	41.0	39.0	...	...	...	...	...	...	...	...	...
5	...	...	...	131	42.7	42.0	...	...	...	...	...	...
6	...	...	...	41	44.8	46.0	...	...	...	...	...	...
7	...	...	...	6	47.0	63.0	...	...	...	...	...	...
8	...	...	...	3	49.3	52.0	...	...	...	...	...	...
9	...	...	...	72	52.0	68.0	...	...	...	3	50.8	54.5
10	...	...	...	739	53.1	73.9	...	...	...	2	50.4	57.2
11	...	...	...	25	55.1	75.1	13	56.7	82.5	5	55.5	72.6
12	...	...	...	...	...	...	12	57.7	90.3	...	...	...
13	...	...	...	...	...	...	6	60.9	105.6	...	...	...
14	...	...	...	...	...	...	785	61.3	110.2	1	59.8	90.2
15	...	...	...	...	...	...	162	61.8	115.5	...	...	...
16	...	...	...	...	...	...	68	63.2	124.3	...	...	...
17	...	...	...	...	...	...	23	62.2	127.6	...	...	...
18	...	...	...	...	...	...	7	63.3	127.6	...	...	...
19	...	...	...	...	...	...	3	64.1	123.2	...	...	...

Heights and Weights of Children examined at Periodic Medical Inspections.

Heights in inches. Weights in lbs.

Year	BOYS						GIRLS					
	Age 5			Age 6			Age 5			Age 6		
	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight	No. Examined	Average Height	Average Weight
1929	699	41.6	40.4	122	43.1	42.9	675	41.2	39.1	157	43.2	41.1
1930	692	41.4	40.7	112	42.1	43.7	613	41.2	39.3	112	43.3	42.4
1931	627	41.8	40.4	244	43.8	44.2	591	41.4	38.7	205	43.1	41.3
1932	513	41.4	40.2	69	43.3	44.6	542	41.1	38.9	89	43.2	42.6
1933	566	42.0	40.7	148	43.6	44.0	498	41.7	39.3	175	43.0	41.3
1934	565	41.8	41.1	121	43.8	44.2	561	41.6	39.3	106	43.4	42.2
1935	690	42.1	41.1	150	43.7	43.5	680	41.8	39.6	157	43.8	42.9
1936	684	42.0	40.8	104	43.8	44.2	592	41.7	39.4	137	43.5	42.0
1937	616	42.3	40.9	119	44.5	44.6	576	41.7	38.5	117	44.4	44.4
1938	569	42.6	41.3	82	44.6	45.3	547	42.3	39.8	97	44.2	43.3
1939	427	42.5	41.5	93	44.7	45.5	399	42.4	40.4	102	44.4	43.7
1940	387	42.7	41.8	62	45.3	46.6	353	42.2	40.2	50	44.6	44.6
1941	564	42.6	41.8	109	44.4	44.8	505	42.3	40.4	96	44.6	44.2
1942	603	42.5	42.0	116	44.1	45.3	522	42.2	40.4	105	44.0	43.7
1943	567	42.5	42.4	228	44.2	45.3	491	42.4	41.1	195	44.0	44.0
1944	651	42.5	42.2	194	44.4	46.4	557	42.2	41.3	195	44.0	44.6
1945	547	42.7	42.4	58	44.5	45.7	490	42.3	40.7	61	44.5	44.4
1946	447	42.4	41.9	86	45.4	46.2	447	42.3	40.6	92	44.6	45.3
1947	528	42.4	42.3	58	45.1	46.7	483	42.1	40.8	90	43.8	44.1
1948	635	42.7	42.6	105	44.7	46.4	561	42.5	41.4	107	43.7	43.5
1949	681	42.7	44.6	92	44.1	47.0	598	42.5	42.0	89	44.0	48.8
1950	471	43.1	43.7	43	45.1	47.5	496	42.9	42.0	37	44.8	45.3
1951	640	43.0	43.3	127	44.4	46.6	570	42.9	42.2	122	44.9	46.8
1952	738	43.0	43.3	116	44.9	47.3	742	42.7	42.4	105	45.1	46.4
1953	816	43.1	43.2	183	45.2	47.3	747	42.9	41.8	182	44.7	45.5
1954	648	43.5	43.3	95	45.3	47.5	573	42.6	42.0	129	45.1	46.8
1955	669	43.3	43.5	131	45.0	47.3	606	42.8	42.2	136	44.4	45.7
1956	668	43.1	42.6	89	45.0	46.6	651	42.7	41.5	86	44.8	47.3
1957	555	42.9	43.0	63	45.0	47.1	537	42.6	41.9	52	44.9	46.4
1958	132	43.8	44.0	50	45.1	47.2	131	42.7	42.0	41	44.8	46.0